

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X Cornell Long</i></p>	
<p>1. Article Addressed to:</p> <p><i>Eddie Cook</i> <i>Asst. Ex. Dir.</i> <i>Al Bd of Prisoners</i> <i>P.O. Box 392405</i> <i>Mont. / HC 36130</i></p>		<p>B. Received by (Printed Name) <i>Cornell Long</i></p> <p>C. Date of Delivery <i>4/19/06</i></p>	
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p><i>APR 17 2006 28</i></p>	
<p>PS Form 3811, February 2004</p>		<p>Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>7004 1160 0003 5811 1888</p> <p>Domestic Return Receipt</p> <p>102595-02-M-1540</p>	